



MICHAEL R. PENCE, Governor
STATE OF INDIANA

INDIANA DEPARTMENT OF HOMELAND SECURITY
302 West Washington Street
Indianapolis, IN 46204

LEAD EVALUATOR ACKNOWLEDGEMENT
FIRE AND PUBLIC SAFETY TRAINING ACADEMY PLEASE SUBMIT COMPLETED
DOCUMENT TO *PSIDQUESTIONS@DHS.IN.GOV*

First Name _____ Preferred First Name _____

Middle Name _____ Last Name _____

Suffix _____ PSID Number ____-____ Cell Phone Number (____) ____-____

Personal Email Address _____

Retype Email Address _____

Fire Training Course Number _____

Fire Training Course Name _____

List additional (max 5) evaluators, who assisted you, if any, otherwise skip to the next question.

First Name	Last Name	PSID (Format: XXXX-XXXX)
		-
		-
		-
		-
		-

Student names:

	First Name	Middle Name	Last Name	PSID
1.				-
2.				-
3.				-
4.				-
5.				-
6.				-
7.				-
8.				-
9.				-
10.				-
11.				-
12.				-

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35.			-
36.			-
37.			-
38.			-
39.			-
40.			-

*If additional boxes are needed, please fill out a second form.

On what date did those students successfully complete all practical skills associated with the Certification being applied for? (MM/DD/YYYY) __/__/__

Do you swear under the penalty of perjury that the answers given in this survey are a complete, accurate and truthful account of your actions as a lead evaluator as it relates to the conduct of the practical skills associated with the certification being applied for by the students as prescribed by the Indiana Board of Firefighting Personnel Standards and Education? _____